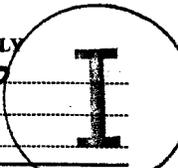


Log No. 98696
 Permit No. _____
 Basin 153



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 56231

1. OWNER BARRICK/HMC RUBY HILL MINE ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. BOX 676 COLLINGWOOD LAKE, EUREKA NV.
EUREKA NV. 89316
 2. LOCATION SW 1/4 SW 1/4 Sec. 32 T 20 SR 53 E EUREKA County _____
 PERMIT NO. 73074-T Parcel No. _____ Subdivision Name _____
Issued by Water Resources

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. WELL # RHOW1 LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>TIGHT, SMALL TO MEDIUM GRAVEL</u>		<u>0</u>	<u>265'</u>	<u>265'</u>
<u>(2) SUPER SRC 1/4" GRAVEL</u>		<u>265'</u>	<u>160'</u>	<u>105'</u>
<u>(174) SUPER SRC 3/8 BENTONITE PLUG</u>		<u>160'</u>	<u>60'</u>	<u>100'</u>
<u>(34) 94# NEADA CEMENT</u>		<u>60'</u>	<u>5'</u>	<u>55'</u>
<u>OPEN PITLESS NATIVE BACKFILL</u>		<u>5'</u>	<u>0'</u>	<u>5'</u>

8. WELL CONSTRUCTION
 Depth Drilled 265' Feet Depth Cased 259' Feet
 HOLE DIAMETER (BIT SIZE)
 From 0' To 265'
10" Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6"</u>		<u>1/4"</u>	<u>259'</u>	<u>+3'</u>

 Perforations:
 Type perforation VERTICAL SLOT
 Size perforation 1/8"
 From _____ feet to _____ feet
 From 179' feet to 259' feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 60' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 265' feet to 160' feet

9. WATER LEVEL
 Static water level 169' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality CLEAN

Date started 9/14, 2005
 Date completed 9/13, 2005

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>20</u>	<u>N/A</u>	<u>6 hr.</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name ELKONO DRILLING Contractor
 Address P.O. BOX 2748 Contractor
ELKO NV. 89803
 Nevada contractor's license number issued by the State Contractor's Board 30823
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1698
 Signed Ray James Harris
 By _____ performing actual drilling on site or contractor
 Date 9/20/05